

Audio Conference

The Growing Popularity of Club Drugs Beyond the Night Club Scene

**Moderator: Carlos Pavao
September 29, 2005
1:00 p.m. - 2:30 p.m. Eastern time**

Operator: Good day, everyone. Welcome to today's conference call titled *The Growing Popularity of Club Drugs Beyond the Night Club Scene*. Today's call is being recorded.

At this time, I'd like to conduct a roll call to ensure that all lines can be heard clearly. When I call your name, please respond with your organization and location.

Let me begin with Julie Priego.

Julie Priego: Aliviane, Inc., El Paso, Texas.

Operator: Thank you. Tammam Kinan?

Tammam Kinan: Alcoholism Council in Niagara Falls, New York.

Operator: Thank you. Teri Vosicky?

Teri Vosicky: Teri Vosicky, Lincoln Council on Alcoholism and Drugs, Lincoln, Nebraska.

Operator: Thank you. Andrea Duarte?

Andrea Duarte: Hartford, Connecticut, Department of Mental Health and Addiction Services.

Operator: Anne Rogers.

Anne Rogers: Office of Substance Abuse in Maine.

Operator: Amber Wolfrom?

Amber Wolfrom: Amber Wolfrom, Hancock County Community Partnership in Findlay, Ohio.

Operator: Thank you.

Kristin Nielsen: Oregon Partnership in Portland, Oregon.

Operator: Thomas Rogerson.

Thomas Rogerson: Tom Rogerson, Gateway Community Services, Jacksonville, Florida.

Operator: Thank you. And Chris Krebs.

Chris Krebs: RTI International from Research Triangle Park, North Carolina. Thank you.

Now, at this time, I'd like to turn the conference over to Mr. Carlos Pavao. Please go ahead, sir.

Carlos Pavao: Welcome, everyone. I hope everything's going well on this gorgeous day and hopefully it's a wonderful day where you're at. Welcome to the Northeast CAPT learning series. My name

is Carlos Pavao and I'm the Training and Technical Assistance Manager here at the Northeast CAPT.

The purpose of today's audio conference is twofold: one, to look to at the impact of club drugs on communities, and second, to look at the successful, local prevention strategies. The format of today's audio conference is that there will be one speaker followed by a 10-minute Q&A and another speaker followed by another Q&A.

We have two presenters. The first presenter is Donald Ingrasselino. He's a police detective for the state of New Jersey and he's also a detective for the Bergen County Prosecutor's Office Narcotics Taskforce. He's participated in over 900 investigations, and prior to Bergen County, he was with the U.S. Department of Justice Immigration and Naturalization Services. He will be our first speaker.

Our second speaker is Yvonne Stroman. She is with the Community Prevention Partnership out of Berks County, Pennsylvania, and she's the director of community programs. She coordinates the ecstasy prevention project, drug-free communities initiative, tobacco cessation project, and the underage drinking coalition.

So, without further ado, I want to have Donald be our first presenter.

Don Ingrasselino: Thank you, Carlos.

Good afternoon, everyone. I'd like to thank everybody for having me here today. I'm very excited. This is my first audio conference. I've been teaching narcotics for about five years now and this is the first audio conference and I'm very excited about it.

I'm going to begin by stating I'm a working cop basically with a love for narcotics, and not in the sense you think that means, but a love for working in the world of narcotics. What interests me the most about working narcotics is the fact that every day is a different experience. Every day, I come in and my head is spinning. Basically, I say that's a different experience because narcotics changes every day and the field of narcotics changes every day from the user to the dealer. They're just doing different things every day. Just like technology, just like major business, we're moving, they're moving. They're moving at different speeds and we have to catch up. We're always playing catch-up.

Basically, as an undercover, sometimes I have to escape the world of the underground. I mean, that's every day I'm doing different jobs, I'm buying different drugs, talking different lingo, showing different types of monies from small amounts to large amounts, so basically, I do that by teaching.

I teach recruits, I teach parents, I teach nurses, I teach doctors, I teach in-service police detectives, and believe me, they're the worst. Teaching in-service police detectives, all they care about is when lunch is and when they're getting home. But in reality, social workers, doctors, practitioners, parents, they're the best to teach for. They really are because they need to learn. They have a lot of learning to do.

From my perspective, narcotic enforcement needs to be a top priority for law enforcement. Community leaders, parents, and professionals need to increase their awareness and training in narcotics. Furthermore, they are the frontline in the prevention and rehabilitation of the abuser. I'm the frontline in catching and breaking down the organizations but they're the frontline and the rehabilitation and the prevention. And don't quote me wrong, even as a cop, I'm more for the rehabilitation: bringing someone into a prevention program rather than into jail. It just benefits society more because right now our jails are overcrowded.

The way I look at it, our community collectively needs to continue to fight against illegal drugs; however, what I'm seeing is the shift away from the war on drugs following the events of September 11th, especially in my area here. I speak to many federal agencies, DEA, FBI, US Customs, which is now ICE, and a lot is geared towards terrorism and their bosses are willing to let pounds of marijuana and kilos of cocaine, and methamphetamine pass our borders and make their way into society just because they have to focus on terrorism. So, basically, we need to continue that enforcement effort and everyone needs to collectively come to some sort of agreement and work on rehabilitation and prevention.

The drug market in the US is one of the most profitable in the world. It attracts ruthless, sophisticated, and aggressive traffickers. The drug market is a business. That's exactly what it is. It involves making tons and tons of money. The way I look at it as a business is because basically supply and demand is just like anything we deal with every day. It involves ruthless, sophisticated, and aggressive traffickers.

In the five years I've been here working narcotics, I've been involved in four police shootings, in two of which my partners were held up at gunpoint. We did lose a police officer on a marijuana motor vehicle stop. I worked the case of a cocaine-related shooting where one of my partners shot an individual. So that's what I'm saying right now: their technologies are growing but their technology doesn't grow the way we do. They just use more high-powered guns and collect much more money.

What we're seeing is all different payment types: money, merchandise, stolen items, food stamps, sex, anything with a market value. The way I look at it is my area — my population of New Jersey is probably about nine million. It's approximately nine million. One million live in the county I work in. We have a proximity to New York and Philadelphia. We have international airports, major shipping hubs and that's why we're considered a hub for all different types of drugs.

When we start out speaking about drugs, we need to understand basically right from the bat where it all begins. We, as professionals, always look at the effects of these drugs, why they're so bad for a person, but that's not where it begins. You have to start with, for example, the drug organization. Traditionally, Colombian Dominican organizations control the heroine and cocaine transportations into the northeast drug corridor. However, Mexican drug organizations have taken a large chunk of that transportation and distribute into the northeast drug corridor. However, what we're seeing with the designer drug craze, Europeans, Israelis, and Russian groups are entering the markets.

Clearly, numerous criminal organizations are attracted to the market. Why? Because of money and there's tons to be made. Just like we cooperate, just like this phone conversation right now, we are seeing cooperation between criminal groups. In the past, it's never happened and now it's starting to emerge. What we're seeing is Mexican cartels and Dominican drug organizations forming alliances, the reason being Dominican drug distributors are excellent at creating sophisticated compartments in firewalls and engine blocks of cars and Mexican cartels have the geographic advantage. That's why we need to understand that.

We're going to start with what I call the usual suspects. These suspects are marijuana, cocaine, heroin. This doesn't take away from the fact that alcohol abuse and tobacco abuse are what I consider true gateway drugs. Not marijuana. But when children start with cigarettes and alcohol, that will set the stage for marijuana abuse and then into heavier drugs. Our biggest problem is marijuana. That's our first most-abused drug, cocaine is our second most-abused drug, and heroin our third most-abused drug.

Our cocaine problem is by far one of the biggest problems in our area but might not be in the US. Just in Bergen County alone, we seize hundreds of thousands of kilos of cocaine per year. Sneaking up quickly right behind that is our heroin problem. The reason New Jersey has such a

big heroin problem, and what I love to teach what people don't understand, is the fact that New Jersey's heroin purity is extreme. It's upwards in purity of 80-to-90-percent pure heroin, which can be an instant death sentence. Other parts of the country have purities of three percent. So if you have a heroin addiction, where are you going to come? You're going to come to North Jersey.

I sent out some slides earlier so individuals could learn the aspects of the heroin, cocaine, marijuana. I also sent a scheduling list -- the DEA schedule of highest to lowest of one through five of the substances of abuse. What I'm going to concentrate on is the latest trend. This is what a lot of people don't understand yet, however a lot of people still refer to these drugs as club drugs, designer drugs. Our problem here and what's growing is poly-drug use. Poly-drug is the introduction of two or more substances into the body. When I refer to poly- drug use most users will use drugs like ecstasy, crystal meth, ketamine, gamma hydroxybutyrate, also known as GHB, and with that, they'll also add alcohol. So that's where the big problem is now.

We're seeing numerous addictions to different types of substances. If you are using ecstasy three times a week and using crystal meth twice a week and ketamine once a week, you're going to grow dependencies for all three of these drugs -- and problems with various substances.

So, like I said, when we refer to club drugs or designer drugs, club drugs are the major focus of poly-drug use and the way we look at it is basically constant partying and constant drug use. And it's beyond the nightclub scene, just like the title of this conference. Club drug use is a tremendous problem. The problems include social problems that are now evolving, poly-drug and club drugs -- what I'm seeing because I spend a lot of time talking to these individuals, dealing with them, spending a ton of time with them, basically, they don't bond with normal society anymore.

What's happening is they're only referring to other club drug users and their friends are only other club drug users. They have the loser syndrome. Anyone else who's not partying like them and, you know, stays out all night and sleeps all day and just goes back to the next party or the next nightclub or the next bar, that's what they consider the loser syndrome. Basically, it's constant talk and yearning for the drug.

You're out somewhere, maybe shopping, for example, even food shopping, you see someone you know from a local nightclub, that's what you engage in conversation about. They don't talk about normal everyday activities anymore. Their willingness to try anything their friends use. They're out of place, they're out at night, their friend tries a new drug. For example, that's where our crystal meth problem comes in which I'm going to talk about later. Basically, one friend uses it, pretty much the whole group will then.

Their everyday activities are put on hold. These social problems we're dealing with refer to poly-drug use, with the ecstasy, with the crystal meth, with the GHB. The problems are now starting at an early age. With ecstasy use, like I'll explain later, the latest trend is you're not going to the nightclubs or the rave and using. You're starting out young at 12, 13. What's happening, though, unlike marijuana use when, you know, you're 14, 15, 16 years old you smoke marijuana for a couple of years into college and then you're done because you grow up, you grow out of it. What's happening now is the addictions are becoming heavier. They're becoming stronger. They're using these drugs until their late 30s. They're also partying now into their late 30s, early 40s.

So remember when you were a kid and you're at local bar, you're having a few drinks, and you tell your friend, hey, see that guy over there, he's quite old, isn't he. Yes, if I ever get that way, slap me. It's not happening that way anymore. You're just staying in that atmosphere, you're staying in that nightlife scenario. You're just remaining there from when you start to just pretty much when you end and that's what it is and that's what we're seeing.

Ecstasy, I know you guys got the slides but I always refer to it as E or X. Basically, that's the way I buy it. When I started five years back, I purchased — my first purchase of undercover drugs was ecstasy. I think it was five pills of ecstasy. Two weeks later, I bought 200 pills, a couple weeks later, I bought a thousand pills, and that's the way it was growing. This was 1999, 2000, and it was becoming extreme.

Basically, we still have the problem with various pills, different sizes, shapes, colors, designers, logos. What we're seeing now a lot is the powder form. That's what you're going to have to start looking for as well. Just like the pill, if it comes in different colors, the powder will come in different colors. Also, if it's just a white powder or the crushed brownish powder, the brownish powder might be similar looking to heroin; light powder might be similar looking to cocaine or ketamine. Those are some of the things we're going to need to start looking for.

Ecstasy produces stimulant and psychedelic effects. It's similar to amphetamines and mescaline so we're getting two types of drugs pretty much in one. Mostly, I've seen it oral, but now with the powder form emerging, we're seeing it snorted.

From the law enforcement perspective, I'm going to explain the current trends, basically what we're seeing in ecstasy use, and this is from just my everyday dealing with it and me talking to people and talking to my colleagues, talking to the feds, talking to the locals. Basically, talking around my area. I'm very close to New York City. We deal a lot over in Washington Heights, we deal a lot with NYPD, we deal a lot with New York DEA so we know what's going on and I spend a lot of time talking to these people.

We're seeing a price drop in ecstasy in our area. When I started here it was 20 to \$30 a pill. Just as an undercover you were battling to get it down to \$15. Now, for a pill or two, you can pay \$6 or \$7. It's not a problem anymore because they're becoming more abundant. What we're seeing

now is younger children abusing it but at different locations. They're not obviously going to the nightclubs or to the bars. They're using it before school, during school, after school, at malls, and that's how they're starting it. This is becoming their gateway drug. Basically, at the school, or through friends, and when I'm talking to younger kids, usually it starts out by them saying, yes, I noticed my older brother was using it, so that's where it's starting right now at a much younger age.

Therefore, what's going to happen is they grow their tolerance to this drug ecstasy, they're going to need to go into a heavier drug, meaning heroin, other drugs — just add other drugs to the ecstasy use, ketamine and GHB with the ecstasy, or now crystal meth. They're experimenting at an early age, similar to marijuana as kids. Like I explained before, that's how they're experimenting with it and they're considering that -- for years and still is marijuana has a cult following. You can buy marijuana clothing, marijuana tee shirts, marijuana hats.

Now, ecstasy has a very similar following. Things to look for with ecstasy are butterflies. Butterflies are a big to-do with ecstasy. I think they're using it as if they're in a cocoon out to be a big beautiful butterfly. That's how they're showing their lives. So butterfly is the mascot for ecstasy use. Also aliens. The big alien green head with the big black eyes -- that's a big mascot for them, as well. They'll get the dolls, the tee shirts, the hats. So just like marijuana use, they're evolving that way it's becoming like a cult.

We're seeing a shift away from nightclubs into colleges, malls, high schools, after-school events, just with friends, any day, during the day, and pretty much just to feel happy. The reason I say just to feel happy is because what's happening is the more you use ecstasy, the more it affects the brain, and it makes you unhappy when you're not on the drug. So to conquer that unhappiness, they will use the drug consistently to feel happy, feel excited.

What we're seeing now is, however, a tapering off from this drug in our area. What's happening I believe and when I'm talking to a lot of people is the user's understanding of the law. This is my area, per se'. Knowledge is growing with them through their friends, through their prior arrests. They reference the Internet, speak to attorneys, and they call lawyers, they know what's happening with the law. They will always refer to the facts. If I pick them up, for example, I will always query ecstasy. Well, do you use ecstasy? Most of them will in turn say, yes, I did. Well, why don't you use it anymore? A lot of them will in turn say, no, I don't like that drug, because it seems they're moving towards different drugs. They will say, I don't like the way it makes me feel. The others will say, because the penalty is strict in Bergen County.

Five pills, 10 pills, you will get hit with possession with intent to distribute and that will be a third degree. Then, if you get the heavier pills, like the double stacks or the triple stacks, which is basically a pill which is a little bit larger, and the triple stack is even larger than a double stack.

Basically what will happen with that is they'll know that 20/30 pills will bring them into a second degree crime and they will do time. So that's where they're gearing towards other drugs because they're staying away from the fact that they do not want to do time in Bergen County because of their age, because we're mostly dealing with 22, 23, 24-year olds. The shift I'm seeing is towards cocaine, crystal meth, GHB, and ketamine. So those are the drugs we're now concentrating on.

However, the way I'll explain it very shortly is the fact that we don't have a big meth problem here and my fear is to have a big meth problem because just by speaking at these conferences and attending them and listening and speaking with people, I can't believe what some of the people deal with, with their crystal meth problem. It's extraordinary and I give them credit, it's just unbelievable, to be honest with you. So we don't have a crystal meth problem here but it is emerging and it's growing faster and faster.

Also with ecstasy, we're seeing geographic shifts. You can purchase any amount of ecstasy in any city, township, residence, school, nightlife setting, or street. It's not anymore that you have to go to a nightclub or a pre-nightclub or post-nightclub to get your ecstasy pills. Basically, you could get them any time, anywhere, and it's similar to the distribution of marijuana. You could get small amounts; you could get large amounts. The accessibility to small amounts of pills is predominant now, whereas, in the past, the dealers would not sell less than, say, 10 pills. You would have to buy 10 to 20 pills. Now, if you just want to meet a dealer to buy two pills, they have no problem with that. Their accessibility to large amounts is there as well as their accessibility to small amounts of pills.

As I explained before, there is a major shift towards the powder form and that is easy to pass by. What I'll explain later with law enforcement as well as the community, we need to realize what these pills look like. Not just what they do to our children, not just what they do to our society, we need to know what they look like, what they smell like, what the user looks like when he or she is on it.

OK, basically, the ecstasy/meth connection, like the main focus of this conference, crystal meth, it's a stimulant that strongly affects certain parts of the brain in the central nervous system. It releases high levels of dopamine, enhancing mood and body movement. Basically, what we're seeing is loss of interest and motivation and a distorted sense of time. These individuals are always late or forget appointments, everyday activities, anything. It's highly addictive and has a high potential for abuse.

The way I look at it from the law enforcement perspective, the current trends in crystal meth that we are seeing in our area here is basically increased abuse. However, one thing I need to explain is the fact that when I started here five years ago it was unheard of to get crystal meth. You could not get it. Nobody had it. If a case flew in, it was normally just with the DEA probably

en route to somewhere else. We have no abusers that I know of. Now it's growing, it's continuing.

However, even though we're seeing the abuse and the use, we're not seeing an increase in the production of it here. I believe maybe it was two years ago, we had an 18-year-old individual that had a lab in a garden apartment in one of our local towns. He blew the bathroom up. Nobody was hurt, thank God. The fire department discovered it. A couple of our guys had to handle that. That's what we're seeing. That's it. I haven't seen anything since. What we're seeing is basically a takeover for ecstasy in the nightlife scene. It's only in our nightlife scene, for now.

We pay a lot of money for it. It's extremely expensive in our area. \$120 to \$240 per gram if we were to purchase it. That is why the use and abuse might be confined right now. Just like ecstasy used five years back, \$20-\$30 per one tablet was extreme. However, like I'm saying, it's dropping to \$6-\$7 a pill. Now everyone can get their hands on ecstasy. It wasn't just confined to the nightclub scene.

What we're seeing with everyone I'm speaking with here is extremely popular in our gay community. However, it's moving into the heterosexual nightlife scenario because both of these communities cross over. In New York and New Jersey, all the nightclubs and all the local bars are just a cross over of these individuals. They just barhop. It doesn't matter which nightclub or which nightlife scenario they're in. They will utilize both. So what they're seeing is they will constantly have friends from both communities and they will cross over. Therefore, from the popularity in the gay community because of the strength of this drug, it's crossing over into other societies.

What I explained before is how users, dealers, and abusers know the law on ecstasy. They're not seeing or they don't know the law yet relating to meth, because their friends have not been arrested in our area for this drug so they're not able to know that in fact they will do time. Crystal

meth is comparable to ecstasy and cocaine in terms of law, in terms of enforcement, and you will do time in Bergen County. However, we're not arresting too many individuals with these drugs so they don't have their test subjects. These individuals haven't seen the long-term use and they haven't seen the effects of this drug, per se', because it hasn't been here that long, but what they are seeing is the fact that they can stay up all night, they can party for days, and their sexual relations are increasing threefold.

When I speak with ecstasy users and former ecstasy users, they quit because they didn't like the drug or they just didn't feel right on it. However, what we're seeing now is these individuals speaking very highly of crystal meth. They don't see their everyday life just turning around and they're doing less, spending less time at their jobs, with their families. However, what they're seeing is their party life is increasing. They feel good about themselves. They're feeling better. So that's what we're seeing now because in fact long-term use in this area has not been established.

The users of this drug have access to money, even though it's expensive. What will happen is when people do have it — when there's individuals who can distribute it or the one individual who does sell it either over in the city or in our area here, they will get their hands on it and they will buy as much as they possibly can and just use it over time. So they pretty much buy it every opportunity they can.

One of the biggest problems I'm seeing with crystal meth being an undercover — being in law enforcement here and as an instructor, as well, is law enforcement in our area does not know what it looks like. They're bypassing these particular baggies, grams of it, ounces of it, and looking for the normal, common drugs that we see here every day. And when I say normal, common, I mean just because it's very common to have a road stop of cocaine, heroin, ecstasy, or marijuana. So they're just bypassing it thinking, yes, we going to get the drugs, but in reality, this is the heavy drug, this is the problem we're going to have because if it becomes a problem

like any of the other areas in the US, it's going to be extreme because we also have the large population of heroin and crack abuse. So you add that and now we've got a lot of problems to conquer.

Like I said, the price is over a hundred dollars per gram and our area is willing to and can pay for it. Like we're seeing in much of the US, problems with HIV, STDs, and movement between communities is the biggest problem. We know that it's used for sex, late-night and all-night partying, and that's pretty much why our club drug scenarios concentrate on these particular drugs.

I made up a fact sheet I call meth versus E, how we're looking at it, how we're looking at the current trends and what we're seeing. Current trends have seen ecstasy use tapering off while crystal meth use rises in our area. And when I say rising, no, we're not scoring large amounts of it, but just for the fact that now individuals are starting to talk about it a lot, discussing it a lot, using it quite a bit more, it will end up in our normal, everyday, mainstream life, from the nightclub to everyday life. That's what we'll see with meth. Just like ecstasy, five, six seven, eight years ago, what we're seeing is that price has no impact. People were willing to pay \$20-\$30 per ecstasy pill five years ago; they will pay the \$100 to \$200 per meth this year.

What I am seeing, however, is the fact that cycling — what I will always refer to with ecstasy and basically drug use in general. Remember back in the '70s and to the early 80s, cocaine was the drug of choice. Spin ahead 15 years later, ecstasy becomes the drug of choice. From that, we go back to cocaine. Now where are we heading? We're heading towards meth. It's a vicious cycle. We keep going back to cocaine, we go to ecstasy, we go to crystal meth, we go to cocaine, so what we're seeing now is a cycle. However, we're throwing in different drugs here and there. Individuals use embalming fluid, PCP, ketamine, which is an animal tranquilizer, is one of our biggest problems, as well here and gamma hydroxybutyrate (GHB).

What I'm trying to reiterate is the fact that the cycle of these drugs will just continue no matter what we do, and we as professionals need to know these cycles. We need to know the problems, we need to know the effects, we need to know slang terms. Slang terms are very important. You need to know that. You need to know that in our area. Right now, crystal meth is called Tina. GHB is called Gina. Why? We might not ever know particularly why. We need to know how it's packaged. We obviously need to know what it looks like. We need to know everything about this drug; not just the fact that it can kill an individual or hurt an individual or hurt their society.

Basically, that's the way I train. I train individuals and I train myself. Constantly speak with these people. Don't just sit down and tell them, one day you're going to kill yourself. You've got to stop using this drug because it will hurt you. You've got to let the user understand that you know. The way I sit down on every interview: I say, listen, if I wasn't a cop, I'd probably be sitting in your shoes. No, that's not the truth but that's the way I use it. Yes, you know, I used to party just like you but, you know what, I turned my life around. They need to understand that, you know, you understand where they're coming from.

Cooperation: cooperation is key between every agency: probation, parole, social work, doctors, parents, teachers. I love to teach parents because they come up to me after every instruction block and tell me, wow, I have never heard of half this stuff. That's what I tell them: it's new. Ask your kids. They know, though. Don't be one under your kids. Don't let them one-up you, especially when it comes to this. Enforcement as well as every aspect of collaboration needs to come together.

OK, if you're going to take away anything from my presentation today, take away the fact that it is evolving. Just like technology, just like we tried to evolve, we try to get computers on every desk, they will use computers, they will use the Internet, they will use crystal talk radios, crystal talk cell

phones, they will use technology just like us. We need to constantly grow and constantly one-up them.

There's a new evolution in the drug market. It's obvious. There's money to be made so the individuals who constantly were dealing in cocaine, constantly dealing in marijuana, will turn and they will now use that ability to manufacture crystal meth, to manufacture ecstasy, to steal ketamine from veterinarian offices, to steal ketamine from different organizations all over the US to make gamma hydroxybutyric (GHB). These are the things we need to know, we need to focus on. Above all, realize there's a lot in the world of narcotics. It's a huge world, so understand the words, understand the terminology, know the pricing, and know what you're getting into. And I knew what I was getting into five years ago — and I'm not about to turn back now.

I'd like to thank everybody and I hope you enjoyed it.

Operator: At this time, all lines are now open if you'd like to ask a question. Please state your name before posing your question.

Carlos Pavao: Does anyone have a question?

Actually, Don, I have a question for you.

Don Ingrasselino: Sure.

Carlos Pavao: In relationship to club drugs, is it really an outbreak or just a continuation of an old pattern? Can you talk a little bit more about that?

Don Ingrasselino: I believe it's a continuation of an old pattern simply because a lot of times we get sent into local nightclubs and we need to ascertain what drugs are in these nightclubs. And a lot of

times I'll go in with the expectations, wow, I'm going to buy a ton of ecstasy tonight or I'm going to buy a little crystal meth or maybe even a little G or a little K. However, what we're seeing is just a constant use of cocaine in these nightclubs. So, basically, it's just a continuation of the fact that cocaine was very popular in the nightclub scene then, it's very popular in the nightclub scene now. So what happens is once these drugs — for example, ecstasy, crystal meth — you start using these drugs and you'll realize in these scenarios you're having more fun, you're enjoying yourself, you're out all night and other people are using these drugs. Basically, it's just going to keep continuing.

So you're going to tell someone who's going to tell somebody else to keep using this because you're going to have a blast and, you know, sooner or later you're 40-50 years old and your life just flew by. In my belief, it's a continuation and it will start in the nightclub scene because that's where all these drugs are introduced right off the bat. From the nightclub scene, they go into mainstream USA and you're just using them every day just to feel your high, just to feel good again about yourself. It's going to be a cycle and it's never going to stop — yes, new things emerge every day, however, it's just a continuation of everything else.

Anne Rogers: I have a question.

Don Ingrasselino: Sure.

Anne Rogers: This is Anne Rogers from Maine.

Don Ingrasselino: OK.

Anne Rogers: ... and I work in public health so we don't actually go out and, you know, do the part that you do; you know, buy drugs or anything like that. I work more on the side of prevention, trying to get kids or adults — you know, everybody to not start. Do you ever do any work with any local

community coalitions or groups on the prevention side and (do) things to be helpful in keeping kids off of this?

Don Ingrasselino: We don't do too much work with it. I try to get as many contacts in those communities as I possibly can. However, I would have to compare it to everyday life. Sometimes you just get too busy in your job to contact or deal with these individuals. But I'll always deal with my prosecutors here and I have no problem with telling them, look, this person only sold to increase their habit, to buy more drugs and to help their friends. Can we get them into a program because they're not going to be suitable for jail, for example. That's the level I take it to.

To get prevention beforehand, I always do that in my teaching and instruction so I'll go out to parents and I will go out to students — even though I'm an undercover, I will go out to students and explain to them if you haven't started, you need to not start because this is what happens to you: X, Y, Z. That's pretty much the gist of what I do everyday.

Anne Rogers: OK. Thank you.

Don Ingrasselino: And one thing I do want to say is grab somebody in your local law enforcement and get to know them and deal with them just like I need to grab somebody in your community and get to know them and deal with them mostly all the time. Go through them. Let them go through their chain of command rather than you going through their chain of command because you will build a great relationship.

Carlos Pavao: Are there any further questions?

If there are not — and I would like to say, Ann, that was a great, great question, and actually what that does is it segues into our next presenter, Yvonne Stroman. We've done a lot of work at the local level and I think she might answer your question a little bit more specifically.

So, without further ado, I'm going to have Yvonne take the podium and do her presentation.

Yvonne Stroman: Thank you, Carlos.

Good afternoon, everyone. And I want to thank Carlos and Valda for bringing this audio conference together to discuss a very important topic today.

Don presented to you an overview of the growing trend of club drugs in the East Coast from a law enforcement perspective and I want to share with you what we are doing at the community level and how we're working with law enforcement and other key stakeholders to bring about community awareness as it relates to ecstasy and other club drugs.

The flipside to Don's work is the work in prevention and education that I believe is so critical to steering youth in the right direction. And I need to say at all levels, the state level, the county level, and the local level, these efforts need to be joined. We need to work together to really bridge the gap and to communicate better.

There was a question that was posed by one of the folks in the audience beforehand that asked what is the best way to educate about ecstasy prevention in a community where there may not be seen as an ecstasy problem and there are three points that I hope I can address with you. And that is: one, ecstasy and other club drugs are being used by youth, whether we realize it or not; two, community education and awareness is key to combating its use; and three, community collaboration is viable and necessary avenue to addressing the use of ecstasy and other club drugs and that is even if the community has identified that it's not a problem yet.

Just to give you a little bit of background about Berks County, Pennsylvania, we're located in southeastern portion of Pennsylvania. We have a population of approximately 374,000 folks. We

have the distinction of being a county that has a rural, suburban, and urban areas. 22 percent of our population reside in Reading, which is an urban area, and the remaining residents of Berks County are characterized with 36 percent living in the suburbs and 42 percent in rural areas devoted to agriculture which represents almost half of the geographic area in the county.

And also, Berks County is conveniently located along known drug trafficking routes between New York City — about two hours from New York City, about an hour from Philadelphia, and about two and a half hours from the Washington/Baltimore area so it kind of gives you an idea of how we're situated and how drugs come in and out of our area.

We did a recent survey in Berks County and what our survey results revealed was that alcohol, tobacco, and marijuana use among our youth is below the national average and I need to say that I believe that is because, part and parcel, the initiatives and projects that we've done in the past since receiving drug-free community dollars has really been targeted towards alcohol, tobacco, and marijuana use among youths. And so I believe that this is, part and parcel, attributed to our lower data, against the national average. But I will tell you also in that same breath is that club drugs, like ecstasy, methamphetamine, and other club drug use, students are reporting a higher use of that in comparison to the national data and that is primarily I think because we haven't given the focus that is needed and deserved until just recently.

In fact, in 2002, interviews with local law enforcement officials confirmed that ecstasy and other club drugs were very much a problem in Berks County. According to our Berks County district attorney's office, the selling and use of ecstasy is common throughout the county, predominantly in the suburban and rural areas, and it's also on the rise in the city of Reading. Youths and young adults are using the substances and police officers are aware of the problem but the issue was they weren't trained in how to address the issue.

Additionally, school officials reported that ecstasy and club drugs were nearly as prevalent as alcohol and marijuana among high school and college-aged students. Oftentimes, drug-free parties, post-prom parties, graduation and celebration that were promoted by youth we're seeing as the venues for club drug use. Parents were often caught off guard because they thought their kids were in a safe place and they weren't aware of the signs and symptoms that were associated with the club drug use.

So despite the serious drug trafficking that was occurring in Berks County, there was no formal education or training programs available for professionals or law enforcement personnel. And so to increase the awareness and our ability to address the problem pertaining to ecstasy and other club drugs, we began to initiate a project in 2002 to address those dynamics associated with this lack of information.

The ecstasy and other club drugs was a result of a grant from the Center for Substance Abuse Prevention and the project was a multilevel approach to raising awareness regarding the prevalence of ecstasy and other club drugs in Berks County, and it also utilized a proactive measure in an effort to decrease or eliminate its use and abuse among youths. The goals of the project included: one, developing an infrastructure within Berks County that specifically focused on the issues of ecstasy and club drugs by creating a taskforce; two, raise awareness at the grassroots level through crime watch forums and town hall meetings; three, we wanted to raise awareness at the community systems level, law enforcement, hospital personnel, youth serving agencies. But also, we wanted to develop solutions to address the problems ecstasy and other club drugs and decrease the reported use of ecstasy and club drugs among area students over a period of time.

The important and critical element of the ecstasy and other club drugs taskforce was the infrastructure development, which was the formation of a broad representation of community leaders and government officials. We had folks from the judiciary, law enforcement, school,

hospital administration, and churches that came together and met on a monthly basis to tackle this issue. And, in fact, it still continues to meet on a regular basis and I'll talk more about that as we proceed through the presentation.

The taskforce received awareness training on ecstasy and other club drugs and the trainings were made available to offices and agencies represented by members of the taskforce at the systems level as well. The taskforce formed various subcommittees that focused on various key targets to work toward identifying solutions to address the issue of the club drugs problem in Berks County and also developed strategies to combat their use.

The subcommittees that were formed were the media subcommittee, the community system. We also had a committee comprised of youth targeting other youths and we had a Web site committee that was really focused on formulating a Web site that would give parents and adults additional information about ecstasy and its use and about where they could go to get the assistance that they needed should they discover that their child was involved with the drugs.

The taskforce members were able to pull in key community people and businesses that have a stake in the well being of the community and its young people. The taskforce launched a media campaign in the fall of 2002 throughout Berks County to both increase awareness on the part of the parents and teachers and educate youth about the dangers associated with the use of club drugs.

It should be emphasized that the media committee of the taskforce worked diligently to get the messages out in the community. The media campaign involved local radio stations and the local television stations. We used posters, flyers, and newsletters. It should be noted here that a local businessman donated his time and resources into the development of the billboards and they

were displayed throughout Berks County. The billboards were posted in both English and Spanish due to a Latino population and they were displayed throughout Berks County over the course of the grant.

When possible, the message was delivered by youth for youth. The taskforce subcommittee on youth spent a lot of time consulting with local students to get their perspective on the topic. Also, as part of the media campaign, the Web site committee worked closely with our single county authority, the council on chemical abuse, in development of the Web site messages. So I'm hoping I'm able to demonstrate to you just how we really wrapped our arms around looking at the problem. But we couldn't do that in isolation. We really had to connect with those community leaders and stakeholders to bring about the messages that we really wanted to send.

At the grassroots level, an introduction to the topic of club drugs was provided in large community forums and town meetings in each of the 18 public school districts that we have in our county. The trainings were made available following the larger community forums to those smaller groups that requested it. Training for the smaller groups were tailored to meet the specific needs of the group and focused on how the group would most likely encounter the problem of club drugs. The groups worked closely with the ecstasy staff to further the group's own capacity to address the issue of ecstasy and other club drugs with the youth and young adults with whom they may have come in contact with.

Project staff worked with the group — with the grassroots community groups interested in addressing the problems of ecstasy and other club drugs. The community groups included the 34 community partnerships that we already were associated with. Prior to the startup of this project, those partnerships were working in prevention-based activities, like our post-proms. We also have different groups that are youth oriented that we provide technical assistance to and that might be youth-serving organizations as well as colleges and universities.

The groups were invited to host or sponsor informal presentations on ecstasy and other club drugs followed with the presentations were group discussions as well as questions and answers. Meetings took place in all locations of the community, such as the middle schools, church halls, fire hall companies, and other appropriate venues.

Following the meeting, groups were encouraged to host a training or awareness meeting for additional groups. The staff assisted in arranging the event and training and we used flyers and the media to get that information out there.

Community groups were instrumental in assisting with media campaigns spearheaded by the taskforce. As a result of the hard work of the taskforce, we had 49 presentations that were conducted during the lifetime of the grant. 13 focus groups were conducted with participants representing various factions of the community, including the Hispanic community, college students, parents, treatment providers, middle and high school students, and law enforcement. And we kept track of this to make sure that we were doing everything that we could to promote the education and awareness and we also wanted to ensure a cohesive and effective effort in curtailing the use of ecstasy and other club drugs in our county.

We couldn't have done this project without having an evaluation component, which was really instrumental in this project. The evaluation component of the project involved a process evaluation as well as an outcome evaluation. The process evaluation looked at the development of the project: who was involved, and how decisions were made. The outcome evaluation comprised of two distinct parts: one part involved surveying a representative sample of students ranging from seventh grade to college students at two points, at the beginning of the project and then at the end of the project.

Survey students were administered to youth ranging in age from like 12 to 24. Students reflected the ratio and ethnic composition of their school. Surveys were anonymous and did not contain

any information pertaining to the person's identity. Where appropriate, consent was given by the parent for the student's participation. Results of the student surveys revealed that students had access to ecstasy and other club drugs and that they were using them. Use of the club drugs were especially evident in the suburban school district that participated in the surveys.

The surveys provided a clear indication of the type and extent of ecstasy use that was occurring with youth in Berks County. Initial analysis suggests that ecstasy and other club drug use was prevalent among tenth graders in the suburban school district. Also in the process was the implementation of focus groups, which were conducted at least at two points in the project - at the beginning of the project and again towards the end. The focus groups were members from the taskforce, representatives from the local community groups, the local law enforcement, drug and alcohol providers, the Hispanic community, and student representatives from various schools.

At each focus group, the participants were asked to complete a survey that included the demographic information as well as their attitudes and beliefs towards substance abuse; in this case ecstasy. Participants were asked to give their perception of the extent of the problem with ecstasy and other club drugs in Berks County, how informed they and the community in general were regarding ecstasy and other club drugs, the importance of education on ecstasy and other club drugs in Berks County, and suggestions for educating people their age about ecstasy and other club drugs.

In general, participants had heard of ecstasy and other club drugs and there was a lot of misunderstanding about the physical effect. Also worth noting was the fact that older people had a very different impression about club drugs than young people. Participants less than 25 years of age felt that most of the prevention messages they had received prior to this project were related to alcohol and marijuana. In fact, ecstasy and other club drugs were mostly a footnote on a long list of other drugs to avoid, when, in reality, these drugs were a close third in the youths following alcohol and marijuana as easy to acquire.

Even more unsettling were responses from local law enforcement, community members, as well as school prevention programs, and administrators that said that they had little information about ecstasy and that there was no formal education training available to them to focus on how to prevent this use.

When asked the best way to educate their peers about the dangers of ecstasy and other club drugs, participants from time one and two gave similar answers. Suggestions included having group and community meetings, having parental training, using media, working with medical staff, lectures, using school events, and having prior users talk about their experiences.

The ecstasy and other club drugs prevention projects, we considered it to be a success in terms of raising community awareness regarding the use of ecstasy and other club drugs in Berks County. The project took a top-down, bottom-up approach to raising awareness of the prevalence of ecstasy and other club drug use in Berks County and it developed proactive measures in an effort to decrease and eliminate the use and abuse of these substances by youth and young adults.

As a result, a collaborative effort consisting of county public officials, law enforcement, the judiciary schools, hospitals, social service agencies, parents, businesses, youths, media, and concerned citizens regarding the dangers of ecstasy and other club drugs has permeated throughout Berks County. This process of educating and building awareness is the first to recognizing the severity of the impact in which ecstasy and other club drugs has plagued our community and what the next logical step was to decreasing its use among youth and young adults should be.

Due to the success that we had and the collaboration efforts within the county as it relates to education, last year the community prevention partnership, along with the Commonwealth of

Pennsylvania, proposed and received funding from the Center for Substance Abuse Prevention to implement a new approach this year of prevention to youths that if effective actually can be replicated in other parts of the state.

This model is a social norm's and environmental management approach that: one, if effective, can be replicated, and replace ineffective fear messages with database messages that dispel misperceptions about drug use; and two, involve the community in support of a social marketing campaign. Social norms ask what the reality of social behavior is among young people and contrast it with their very own perceptions, thus lessening real and perceived peer pressure.

In times past, studies have shown that traditional substance abuse prevention programs that includes scare tactics and describe the risks and negative consequences associated with alcohol, tobacco, and other drug use has been relatively ineffective with teens and young adults. In addition, traditional approaches appear to have little effect on student behavior or their perceptions. For example, prevention programs aimed at student drinking have shown that fear appeals do not affect students in general, especially those who are heavy drinkers. In other words, the more heavily a student drinks, the less harm from drinking the student perceives.

Along with this thought is a perception that students have about their own peers which also affects their own behavior. Most students greatly over perceive drug use among their peers and in order to fit in, students may feel that they must match what they perceive others are doing. Knowing for a fact that one's peers are engaging in risky activities is as significant as them thinking that they are engaging in risky activities.

As is often the case in teens' perceptions of their peers' use of drugs, it is greatly exaggerated. In other words, teens think that more of their peers are using ecstasy and other club drugs than is actually the case. The problem here is that this misperception often leads to teens using the

substance than would occur if they knew the fact that most of their peers do not use these substances.

Also evident from the discussion and focus groups is that adults from multiple sectors of the community are unaware of the prevalence of ecstasy and other club drugs in Berks County, thus, there is a clear disconnect between what youths are reporting and the awareness of adults, even from the law enforcement and house arenas. And so, as it relates to this specific project, the target populations are Berks County youths in the high schools that are in our three largest public high schools in the county. The total combined population of those three high schools is about 6,500 students. Not only are these the three largest high schools in the county, but it's important to say here that they represent the urban, rural, and suburban area students.

The purpose of this project is to reduce the use of ecstasy and other club drugs among high school students in the urban, suburban, and rural settings by expanding and strengthening effective, culturally appropriate ecstasy and other club drug services in Berks County. The proposed project has the following goals and objectives: one, to achieve a measurable reduction in the number of youths experimenting with ecstasy and other club drugs by implementing a social norms program for high school students in these areas; two, implement an environmental management approach to support the social norms; three, implement a social norms media campaign that challenges students' perceptions of peer use of ecstasy and other club drugs.

The model selected for this intervention, "challenging college alcohol abuse" is listed in SAMHSA's National Registry of Effective Programs. The program was developed by the University of Arizona Campus Health Service. The program has proven to be effective to reduce alcohol, tobacco, and other drug use, and risk behaviors among college students. The social norm model dispels the myths about peer attitudes and use of alcohol, tobacco, and other drugs.

It is a model that is appropriate for the target population of high-school-aged students as research on this age group have long pointed to the dramatic power of peer influence on behavior. The strategy of the social norms approach is to communicate the truth about peer norms in terms of what the majority of students actually think and do and on all the bases of credible data drawn from the student population that is the target.

The social norms approach will be adapted to include the target population, the topic, and the environmental scope. The difference in age of the targeted population will result in consent forms being required as well as the second change is normative messages. In the Challenging Colleges alcohol abuse model, the messages were aimed to drink responsibly on college campuses. But with this project, which are targeting high-school-aged students, it is important that we send the message no use is safe. And so this will be the social norm that we will be using in the media messaging campaign.

One of the most important aspects on implementing this intervention is to recognize that messages will be viewed and interpreted differently by varying audiences. The populations in the urban, suburban, and rural high schools are quite different. The practical reality of operating a school and community-wide campaign makes it impossible to tailor specific messages to each subgroup within the target population. So to address this issue when crafting a campaign message, project staff will seek input from various elements of the target population to make certain that the message appeals to them and does not alienate them.

Each targeted school will convene a student advisory group to design, to define the targeted message, and focus groups of students representing the diversity on the campus will be used to gather input on the campaign messages as well as the materials and methods. Focus groups will serve as an individual tool to test materials for their cultural appropriateness, believability, and appeal among the target group.

Annual surveys will be used to measure the effectiveness of the media approach on students.

The fidelity evaluation will provide a continual feedback loop to the program staff. It is a refinement process that is dynamic and ongoing and will rely on both formal and informal feedback measures. The project will be implemented in three phases to the Berks County population.

Phase one will target the approximately 6,500 high school students attending the three high schools in Berks County. Phase two will include representatives of the faculty staff and parents from those three school districts. And phase three will include the broader community of Berks County.

Each year, all students at each school will complete a short questionnaire about their use of ecstasy and other club drugs. Data from these questionnaires will be compiled. Project staff, students, and school staff will work together on a media campaign that will include catchy messages and posters to disseminate the truth about actual use students in each particular school engage in with respect to ecstasy and other club drugs, and to stress again that no use is safe.

These activities will be repeated each year to reinforce the message to students about the actual rates of use of ecstasy and other club drugs. The format of the media campaign can remain the same year to year, what will change are the statistics that are presented in these messages.

What we hope that will happen is, as a result of the media messages. For example, a student may identify that what he thought was true is not true and wanting to be part of the larger school population that does not use may refrain from doing so.

Faculty, staff, and parents from the three participating high schools will be provided with educational training and information pertaining to ecstasy and other club drugs. Faculty and staff

may also be involved in working with students and the partnership staff to develop the social norming messages to be presented to the student body of each school.

Providing educational training to the faculty staff and parents with whom the student body be interested in finding out more about them. Also, if the adults are aware of the dangers posed by these substances, the prevalence of these substances in the students' lives and then realize along with the student body that there are fewer students using these substances than even the students think, that can serve as a platform for the adults to tell the students how impressed they are with them for their use of good judgment. This will further reinforce the students' desires and natural tendencies hopefully to make smart choices and avoid unnecessary risks.

Lastly, the project will target the greater Berks County community and will involve grassroots community partnerships as well as other community leaders. This phase of the project will involve more community outreach to adults in Berks County so that parents and teachers in all areas of the county will understand the prevalence and dangers of these substances for youth. Although a smaller focus of the project, it is still important for all students, teachers, parents, and other residents to be aware of the potential dangers that ecstasy and other club drugs pose to a community.

What will be most effective in this venue is having Berks County youth convey their experiences with these substances to a group of adults from the community. The format will consist of one to three youths and two to four professionals with knowledge of club drugs presenting as an informal panel discussion. When this was done during the first ecstasy and other club drugs project, the feedback was favorable, that hearing the teens and young adults tell their experiences in their own words was quite powerful. The student speakers do not appear to be youths who are in trouble. On the contrary, they seem like they could be anyone's children. This made it more difficult for parents to dismiss the notion that their children would ever be involved in the use of club drugs.

In closing, strong neighborhood groups, community partnerships, and coalitions have been linked to the decrease in the use of alcohol, tobacco, and other drugs among youth as well as other drug related social problems. Community partnerships have proven effective in addressing substance use because they utilize many sectors of the community in their planning and implementation process.

Partnerships create the opportunity for collaboration among residents, schools, agencies, government, law enforcement, faith-based communities, media, youth, parents, and businesses. Because they collaborate and network with each other, the members of the partnerships increase the effectiveness of their individual efforts by working together in an effort to create communities. The county of Berks is committed to reducing the use of ecstasy and other club drugs among its youths. The use of multiple strategies across multiple sectors is essential to our work.

Lastly, I want to give you a quote from Margaret Mead who states "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

Thank you.

Carlos Pavao: Thank you so much for that.

Does anyone have any questions?

Operator: Once again, all lines are open if you'd like to ask a question. Please state your name before posing your question.

Lisa: I have a question. This is Lisa from EDC. Mostly for Yvonne but this goes back to what Donald was saying also.

My question is: The national data, especially around meth use, shows that the age of users is actually increasing 18, 19, 20, 22 years olds and there's low levels of club drug use among the youth. Though I know a lot of prevention efforts should be focused on youths, how do you gain community support and awareness that this is actually a problem that should be addressed among youth when the data shows that it's actually older users?

Yvonne Stroman: Well, that's a really good question. I'm glad you brought that up because I need to tell you here in Berks County we have one community college, we have two public colleges, and two private, four-year colleges and all of them actually were involved in our taskforce. And so they were giving us feedback in terms of what was happening on their college campuses as it relates to ecstasy and other club drug use, and we in turn were able to give them information what was happening in the high school levels. So because many of our high school students may go to these surrounding areas, there was that connect and that's where I get back to that open dialogue, that community collaboration that was really essential insofar as students not only using in high school, but in college as well.

Julie Priego: This is Julie from El Paso, Texas. You stated that you had an increase in student use of ecstasy. What grade level was that increase noticed?

Yvonne Stroman: That level was noticed at the high school level and that was because that's where we did our surveys. They were in the high school. But I also need to point out that inhalant is also on the rise, particularly here in Berks County, and we find that our middle schools are using that.

So what I need to say is that alcohol remains the number one drug use in Berks County and marijuana is the number one illicit drug use in Berks County, but trust me when I tell you that

ecstasy and methamphetamine is on the rise and so is our inhalant use for kids. So what I say to all that is that kids are using any and all drugs they can to escape their reality and we can't dismiss any of those things. And that's why I mention that we have to use multiple strategies across multiple sectors because once we think we have one resolved, another one will surely crop up.

Valda: Don, this is Valda from EDC.

Don Ingrasselino: OK.

Valda: I'm just following up on those questions about the ages of kids or children using different drugs.

You mentioned in your presentation that kids are getting ecstasy — I think it was ecstasy you were referring to at schools, and we're wondering what age group those kids or those children are. Those at, you know, elementary school or a high school or a middle school levels and where they're getting the ecstasy.

Don Ingrasselino: We're seeing late middle school but predominantly early high school, meaning freshman/sophomore year. That's where the main use is beginning right now. But we are seeing seventh and eighth graders as well and that's geared towards ecstasy use.

Valda: And where are they getting it? Are they getting it from each other or are they getting it at school or on the street or ...

Don Ingrasselino: They're getting it from a number of resources. What we're seeing, they're getting it from older brothers and sisters through their friends through school and through just normally going through their everyday activities, which would be going to a mall after school or going to a movie or going to a high school dance.

Valda: I see. OK, thanks.

Julie Priego: Don, this is Julie from El Paso ...

Don Ingrasselino: OK.

Julie Priego: ... and you did mention earlier in your presentation that there was -- once they stop using ecstasy, they move on to another drug. We have seen a lot of meth labs here in El Paso. Would that be the result of the population that's started using ecstasy becoming older and now using a stronger drug? Is that what you're seeing?

Don Ingrasselino: That is what we're seeing, yes, because like I'm comparing it now, it's very similar to marijuana use where you see most younger kids using marijuana but eventually they just go into heavier drugs, meaning heroin, cocaine, methamphetamine. From what we're seeing now that they're starting so young, they're not feeling the effects after three, four, five years so they will try methamphetamines, heroin, cocaine. So it does appear that that's probably what it is.

Julie Priego: Thank you.

Carlos Pavao: Are there any other questions?

Actually, I have a question. It's a two-part question.

The first question is for Don and Yvonne. What's the ethnic breakdown of people who are using ecstasy and meth? Is it mostly a white problem, is it mostly a African/American problem, or a Latino problem?

And my second question is for Yvonne. Did you encounter any program challenges? And what were some of your strategies when it comes to dealing with the Hispanic population in Berks County when around ecstasy?

Don Ingrasselino: OK, I'll start the first part of the question.

From what we're seeing, when ecstasy use really hit hard here, it was mainly a problem between men and women in the white ethnicity. However, now it appears that because of the price drop and because of all these different circumstances that I brought up before, we're having a problem in every community: rural, suburban, urban. Or ecstasy up here seems to be a little cheaper so recently we arrested three individuals from North Carolina who came up who normally wouldn't have to come up from North Carolina just to buy 300 pills of ecstasy. We're seeing it in the black community, the Latino community, and every community. That's where the ecstasy use has trended towards.

The meth use, because of it being so new right now and mainly being in our nightclub scenarios, we're seeing mostly in our white community, both men and women, and it's also geared mainly towards women. It's going a lot towards the side of the gay community, if not women, and then maybe them getting their boyfriends, husbands, significant others addicted, as well.

Yvonne Stroman: OK. In our case in Berks County, while it's seen predominantly -- in terms of ecstasy use and meth predominantly in the suburban and rural areas, it is slowly but surely coming in the city of Reading and so, I need to say that it crosses all social economic levels and, permeates in all the different cultures. We have a large, significant Hispanic population, it is even there as well, and one of the challenges that we have had is getting to the Hispanic community. But I always say it helps to know someone who knows someone and so we have been able to get in touch with those key stakeholders and bringing them to the table. And at the very minimum, they can take that information back to their communities. And I will say, like the churches, we've been able

to gain access that way. So we want to be as inventive as the youths who are using and those who are providing our kids with this stuff to be proactive as well.

Carlos Pavao: Great. Thank you so much.

Does anyone have any questions?

Well, it's that time where if no one else has any questions, we can sort of wrap up.

First, I want to thank Don and Yvonne for taking time out of their busy schedules to be with us today and share your knowledge.

Yvonne Stroman: Thank you.

Carlos Pavao: Thank you so much.

Don Ingrasselino: Thank you.

Carlos Pavao: And I also want to thank all the participants for staying on the line and listening to our audio conference today. We hope that it was informative for you and that you walked away with interesting strategies and tools that you can use at your local communities.

At this time, if there are no further questions, we'll just do the evaluation and wrap up.

Don Ingrasselino: Carlos, I would also like to pass on my phone number because ...

Carlos Pavao: Sure.

Don Ingrasselino: ... like I was saying, if a meth problem really hits hard here -- I mean, a lot of the individuals that participate today might have a surer knowledge than I do even in the actual rehabilitation so I'd like to pass on my phone number. Contact it any time at 201-226-5760. That's my desk phone but it's always routed to my cell phone so I'm always available.

Yvonne Stroman: And I'll just echo those sentiments as well, Don, and just say that if anyone is interested in how to promote community collaboration as well as some of the efforts that we've done with prevention and raising awareness, my number is 610-376-6988. And we also had submitted a PowerPoint presentation that we use here in Berks County to educate folks about ecstasy and other club drugs and you're welcome to replicate any portion of that for your youth.

Operator: Thank you. Before we conclude today, we'd like to ask our audience to participate in a brief electronic survey. After I finish reading the entire question and all of the possible responses, please answer by firmly pressing the star key, followed by the number one on your -- followed by the number on your touch-tone phone that corresponds to your choice. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment.

For questions one through six, please rate your satisfaction with each of the following aspects of today's workshop. Question number one, quality of the information you received; press star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied. We'll pause just a moment.

Question number two: please rate your satisfaction with the relevance of the information to your work; press star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied. Again, we'll pause.

Please rate your satisfaction with the organization of the workshop; star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied.

Please rate your satisfaction with the sensitivity of the trainers to the participants; again, star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied.

Please rate your satisfaction with the opportunity for questions or discussion; star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied.

Rate your satisfaction with handouts or materials; star one for very dissatisfied, star two for somewhat dissatisfied, star three for somewhat satisfied, or star four for very satisfied.

Our final question today: how likely are you to use the information or ideas that you received in the workshop; press star one for not at all likely, star two for not very likely, star three for somewhat likely, or star four for very likely.

That does conclude the survey and our conference call for today. Thank you all for your participation and have a great day.

END